MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

263-028053

No. 100 1 1 1 1 1 1 1 1 1				_	Registration District No. 312 STATE FILE NUMBER Registration District No. 3023 Registrat's No. 312
1. PLACE OP DATE SOLVEY HE PRINCE CONTROL Read Place Prince of Control Heart Prince Heart	DO NOT WRITE ON THIS STUB	A.	MENDEL	, l	FILED AUG 1 2 1963—
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ADDRESS 308 S. 5th Vel No No No.	I	9		1	Henry HISSOUT-
ADDRESS 308 S. 5th Vel No No No.	KEV. 4/ 37				09
ADDRESS 308 S. 5th Vel No No No.	1 1	3			
NSITUTION Wetzel Hospital Ves [Minch No. 308 S. 5th Ves No. 308 S. 5th No. 308	0425				c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET (If outside, give location) Reside on Farm HOSPITAL OR ADDRESS
3 AMARE OF BEECASED FINANCE OF THOMAS MARVIN DELOZIER DATH AUGUST 6, 1963 4 0 5 / SEE O. COLOR OR RACE 7. Married 1 R. DATE OF BURDY 9. ACE (last bindary) If UNDER TYPER IT UNDER 22 HE Windows 1 Diversed 1 4/30.00 5 P. ACE (last bindary) If UNDER TYPER IT UNDER 24 HE Windows 1 Diversed 1 4/30.00 5 P. ACE (last bindary) If UNDER TYPER IT UNDER 24 HE Windows 1 Diversed 1 4/30.00 5 P. ACE (last bindary) If UNDER TYPER IT UNDER 24 HE Windows 1 Diversed 1 4/30.00 5 P. ACE (last bindary) If UNDER TYPER IT UNDER 24 HE Windows 1 Diversed 1 4/30.00 5 P. ACE (last bindary) If UNDER TYPER IT UNDER TYPER IT UNDER 24 HE WINDOWS 1 Diversed 1 4/30.00 5 P. ACE (last bindary) If UNDER TYPER IT UNDER TYPER IT UNDER 24 HE WINDOWS 1 Diversed 1 4/30.00 5 P. ACE (last bindary) If UNDER TYPER IT UNDER 24 HE WINDOWS 1 Diversed 1 Dive	20425	DA:		1	
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13. WAS DECREASE EVER IN U.S. ARABED FORCES? 10. SOCIAL SECURITY NO. 17. INFORMANT Opal Delozier, Clinton, Missouri Initely Al Between Onset And Deland In	<u> 7 </u>	(1	
Yes, no, or unknown] (if yes, give war or dates of serving Opal Delozier, Clinton, Missouri Interval Between only one cause per lime for (6), (8), and (9). 10	8 📥 🖯	_		1	TUIUS A. DELOZIER SISSY Stone Opal Delozier 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT
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IMMEDIATE CAUSE (a) 12 2-2 13 7				_	1 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
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AND STATE A STATE A S	13 /- 1	<u> </u>	++	- 	stating the under- lying cause last.) DUE TO Reuto sollered selfely letyse
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TO STATE 19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 20c. TIME OF How Month, Day, Year INJURY (e.g., in or about home, of injury in PART I or PART II of item 18.) 20c. TIME OF How Month, Day, Year INJURY (e.g., in or about home, of injury in PART I or PART II of item 18.) 20c. TIME OF How Month, Day, Year INJURY (e.g., in or about home, of injury in PART I or PART II of item 18.) 20c. TIME OF How Month, Day, Year INJURY (e.g., in or about home, of injury in PART I or PART II of item 18.) 20c. TIME OF How Month, Day, Year INJURY (e.g., in or about home, of injury in PART I or PART II of item 18.) 20c. TIME OF How Month, Day, Year INJURY (e.g., in or about home, of injury in PART I or PART II of item 18.) 20c. TIME OF How H					Yes No Unknown
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Death occurred at 22c. DATE SIGNATURE 22a. SIGNATURE (Degree or title) 22b. ADDRESS 22c. DATE SIGNATURE 22d. FUNCAL (Specky) REMOVAL (Specky) Birial 24. FUNERAL DIRECTOR Aug 8, 1963 Englewood 25. Date RECD. By LOCAL REG. 26. REGISTRAL SIGNATURE Missouri Aug 8 - 1963 Wildred Green Green Aug 8 - 1963 Wildred Green Control of the contr	X 2				WHILE AT WORK (farm, factory, street, office bldg., etc.)
Death occurred at 22c. DATE SIGNATURE 22a. SIGNATURE (Degree or title) 22b. ADDRESS 22c. DATE SIGNATURE 22d. FUNCAL (Specky) REMOVAL (Specky) Birial 24. FUNERAL DIRECTOR Aug 8, 1963 Englewood 25. Date RECD. By LOCAL REG. 26. REGISTRAL SIGNATURE Missouri Aug 8 - 1963 Wildred Green Green Aug 8 - 1963 Wildred Green Control of the contr	¥8 H	EAC		}	
236. BURIAL CREMATION POB. DATE 236. BURIAL CREMATION POB. DAT	<u>a</u>				Death occurred at
23. BURIAL, CREMATION, Beb. DATE 23. NAME OF CEMETER OF CREMATION REMOVAL (Specify) REMOVAL (Specify) REMOVAL (Specify) Aug 8, 1963 Englewood 25. Date RECD. By LOCAL REG. 24. FUNERAL DIRECTOR AUG 8, 1963 Englewood 25. Date RECD. By LOCAL REG. 26. REGISTRAL STORME MISSOUTI Aug 8 - 1963 William Tageman	USE	OUL			22a. SIGNATURE (Degree or title) 22b. ADDRESS 22c. DATE SIGNED
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24. FUNERAL DIRECTOR ALUB OF ADDRESS DIEGICHOUS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAL SIGNALUE 12500412		Ġ		Ğ	REMOVAL (Specify)
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by	, Student Embalmer No
orking under my personal supervision.	Signed Enger R Consuler
Signature of Student Embalmer	Signed lugar F. Consultan
	Licensed Embalmer No. 4680
•	P. O. Address Clinton, W.

Note: .The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.